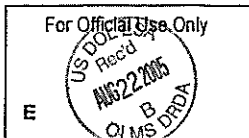


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10998</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>02 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JAY E WAGNER</u> P.O. Box, Bldg., Room No., if any Street <u>635 SANDHILL ROAD</u> City <u>MARIETTA</u> State <u>OH</u> ZIP Code + 4 <u>45750</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS & PIPEFITTERS</u> Labor Organization File Number <u>521 029579</u> P.O. Box, Building and Room Number, if any Street <u>2584 GUYAN AVENUE</u> City <u>HUNTINGTON</u> State <u>WV</u> ZIP Code + 4 <u>25703</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests—
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>HUNTINGTON MASTER PLUMBERS & LOCAL JOINT APPRENTICESHIP & TRAINING FUND</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>2584 GUYAN AVE</u> City <u>HUNTINGTON</u> State <u>WV</u> ZIP Code + 4 <u>25702</u>	7.a. Nature of Interest, Transaction, or Income. <u>TRAINING OF APPRENTICES</u> 7.b. Amount. <u>\$38595</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Jay E Wagner</u>	On <u>8/15/05</u> <u>740-350-9489</u> Date Telephone Number

Name of Person Filing

JAY E. WAGNER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Copy C--For EMPLOYEE'S RECORDS. (See Notice to Employee.)
OMB No. 1545-0008

a Control number		b Employer identification number 55-0718500		1 Wages, tips, other comp. 385.95		2 Federal income tax withheld 43.00	
c Employer's name, address, and ZIP code Huntington Master Plumbers & Local Joint Apprenticeship & Training Fund 2584 Guyan Ave. Huntington WV 25702				3 Social security wages 385.95		4 Social security tax withheld 23.93	
d Employee's social security number 280-64-0744				5 Medicare wages and tips 385.95		6 Medicare tax withheld 5.60	
e Employee's name, address, and ZIP code Jay E Wagner Route 8 Box 312 Marietta OH 45750				7 Social security tips		8 Allocated tips	
11 Nonqualified plans				9 Advance EIC payment		10 Dependent care benefits	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>				12a See instructions for box 12			
14 Other				12b			
				12c			
				12d			
15 State Employer's state ID number OH 550718500		16 State wages, tips, etc. 385.95		17 State income tax 10.06		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement

2004

Department of the Treasury -- Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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